

| CLAIMS ONLY | | | | | | | Application Number 10694660 | | Filing Date | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|
| | | | | | | | Applicant(s) | | | |
| | | | | | | | * May be used for additional claims or amendments | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | | | | |
| 2 | 1 | | | | | | | | | |
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| 9 | 1 | | | | | | | | | |
| 10 | 1 | | | | | | | | | |
| 11 | | 1 | | | | | | | | |
| 12 | | 1 | | | | | | | | |
| 13 | 1 | | | | | | | | | |
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| Total Indep | 8 | | | | | | | | | |
| Total Depend | 12 | | | | | | | | | |
| Total Claims | 20 | | | | | | | | | |
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| Total Indep | | | | | | | | | | |
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Best Available Copy